U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 1 / 1 / 2005 Through: 12 / 31 / 2005 |
|--|---|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name David C Thomas | Name I.B.E.W. Local 673 |
| - | Labor Organization File Number 005-552 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 12220 S. Wintergreen Dr. | Street 8356 Munson Rd. |
| City Chardon | City Mentor |
| State Ohio ZIP Code + 4 44024 | State Ohio ZIP Code + 4 44060 |
| | Edit (F. 1904) Figure Country (F. 1907) Signature (F. 1907) |
| m 111 mi | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| F.O. Box, Blug., Rooff No., it ally | 7.b. Amount. |
| Street | |
| City | |
| | |
| State ZIP Code + 4 | (C) 24 39 |
| Signature | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| | and of |
| Signed New C. Home | 000000000000000000000000000000000000 |
| Enem I/M 20 (2002) | Date Telephone Number |

and the state of t

| Name of Person Filing David Thomas | File Number U - | |
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| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). Name Local 673 Pension Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any 101 Street 8358 Munson Rd City Mentor | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| State Ohio ZIP Code + 4 44060 | - | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name Local 673 Pension Plan | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any 101 | | |
| Street 8358 Munson Rd | | |
| City Mentor | Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | |
| State Ohio ZIP Code + 4 44060 | Reimbursement of expenses for attending educational conferance. | |
| | 12.b. Amount. \$666 | |
| C. Received from any employer (other than an employer covered under parts A and B above) | | |
| or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |